

Washington University in St. Louis
Request for Security Authorization: Student Information Systems

Revised 11/15/2019

The Student Information System (SIS) contains data relative to the academic records of all Washington University students; this is the official record of the University. The student records maintained in SIS are highly confidential, therefore access is limited to those Washington University personnel who have a need to know and/or update the information SIS contains. All Users must comply with the provisions set forth in the Family Educational Rights and Privacy Act (FERPA) and all Washington University policies and procedures pertinent to the use of student records. Copies of these may be obtained from the Office of the University Registrar.

Name of User: _____ SSN or Empl ID: _____

Title: _____ Office Phone: _____

Department: _____ MSC/Campus Box: _____

Office Location (bldg/room): _____

WUSTL email address: _____

Check ALL that apply:

- I am a new user. Please provide the name of the person you replaced: _____
- I am requesting a change to current user status.
- I am an academic advisor.
- I am a faculty member or course instructor
- I am a current or former Washington University student.

User Access Guidelines

Access to the student records and related systems is defined in terms of both functionality and ownership. The ability to update student academic record information and student accounting data in SIS is generally restricted to selected Dean's Office personnel and CFU administrators. The ability to update course information in WUCRSL is restricted to Deans' Offices and key academic department personnel. The reporting databases are available only to selected Dean's Office personnel and CFU administrators.

Please check those functions to which you are requesting access, and for what purpose:

- SISAdmin:** inquiry or update capability
- SISAdmin Student Account System*** (SAS approval required below to post transactions)
- SISDocs:** FYA access (admissions documents), Dean's Office access (all docs), or Document Maintenance
- WUCRSL:** maintaining course data for the following course departments (e.g., L01, E60): _____
- SIS2 Reporting Database**

Purpose of this request: _____

Department Approval

I certify that the above named individual requires the specified access to the requested system(s) as stated on this Security Authorization form, and that such access is appropriate in the conduct of their job responsibilities.

Signature of Department Head or Supervisor: _____ Date: _____

Print Name of Department Head or Supervisor: _____ Phone: _____

Also required, if noted above: _____

*Student Accounting Office approval

(NOTE: the user's signature is required on the following page)

Washington University in St. Louis
Security and Privacy Statement: Student Information Systems

User Certification

I certify that my position at Washington University requires access to the requested system as stated on this Security Authorization form. I acknowledge that my access is strictly for business use and any non-business use may be subject to disciplinary action. I further acknowledge that I have read and will comply with the following University policies:

Information Security Policy - <https://wustl.edu/about/compliance-policies/computers-internet-policies/information-security/>

Computer Use Policy - <https://wustl.edu/about/compliance-policies/computers-internet-policies/computer-use/>

Guide to Legal and Ethical Use of Software - <https://wustl.edu/about/compliance-policies/computers-internet-policies/legal-ethical-software-use/>

Family Educational Rights and Privacy Act (FERPA) - <https://registrar.wustl.edu/student-records/ferpa-privacy/>

To ensure the privacy and security of University data, I will:

- Access, distribute and share all University data only as needed to conduct campus business as required by my job.
- Respect the confidentiality and privacy of individuals whose data I access.
- Observe any ethical restrictions that apply to data to which I have access.
- Immediately report to my supervisor any and all security breaches.
- Comply with all department and campus IT and business process security policies and procedures, including proper and timely destruction of documents and/or files containing sensitive data.
- Protect and secure data on portable devices; e.g., laptops, thumb drives, CDs.
- Change my password on a periodic basis.

I will not:

- Discuss verbally or distribute in electronic or printed form University data except as needed to conduct University business as required by my position.
- Knowingly falsely identify myself.
- Gain or attempt to gain unauthorized access to University data or computing systems.
- Share my user ID(s) and password(s) with anyone nor use anyone else's user ID(s) or password(s) without departmental review.
- Leave my workstation unattended or unsecured while logged-in to critical functions or sensitive information.
- Use or allow other persons to use University data or software for personal gain
- Make unauthorized copies of University data or software.
- Engage in any activity that could compromise the security or confidentiality of University information services.
- Place data or programs on University computers which are not required for my job function. All data and programs must be ones for which the University has the right for use by law or license.

I have read and agree to comply with the terms and conditions stated above. I further understand that a breach of this agreement may be grounds for immediate dismissal and may also result in referral for civil or criminal legal action. Should my affiliation with the University change or terminate, these prohibitions remain in effect.

Signature of User: _____ **Date:** _____

If you have questions about any of these terms and conditions, please contact the University Registrar at 935-5567.